

SARASOTA PLASTIC SURGERY, INC. FINANCIAL AGREEMENT

Cancellation Policy

- Patients will be charged \$100.00 for “no show appointments” and for appointments canceled without a 24-hour advance notice.
- Habitually missing or changing appointments is grounds for dismissal from the practice. This applies to surgeon appointments and skin care appointments.
- *As a courtesy, we attempt to remind patients by phone of their scheduled appointments. However, it is the patient’s responsibility to keep his/her appointments whether or not a reminder call is received.*

Surgical Fees

- Payment is due in full 3 weeks (21 days) prior to the scheduled surgery date. We accept Visa, Mastercard, Discover, American Express, CareCredit/Alphaeon, and Cashier Checks/Personal Checks. **WE DO NOT ACCEPT CREDIT CARD CHECKS.** All personal checks will be processed through TeleCheck as an electronic transfer.
- If your surgery is cancelled or postponed 3 weeks (21 days) prior to surgery, your fees will be refunded. If your surgery is cancelled within the 3 weeks (21 days), you will be charged a \$500.00 administrative fee and a fee for any services provided; such as laboratory work or skin care services. If your surgery is cancelled within seven (7) business days of your surgical date, an additional administrative fee of 25% of your total charges will be withheld from your refund. If your surgery is cancelled the day of the procedure, you will be charged 50% of the total charges.
- Breast Reduction Procedures are considered cosmetic, unless deemed medically necessary per your insurance policy. We will file with your insurance as a courtesy; however, this does not guarantee your insurance company will reimburse.
- *All tissue that is removed during surgery will be sent to Pathology and the patient will be responsible for these charges. It is the patient’s responsibility to notify us regarding where their insurance prefers pathology to be sent to avoid out-of-network charges.*
- **MEDICARE PATIENT’S:** Medicare will not process any other provider’s claims (i.e. Coral Anesthesia/SaraPath) without receiving a claim from your surgeon. “Cosmetic and/or Non-Covered Medicare Services”, the patient is responsible for ALL fees associated with their surgery. Please note that Dr. Mobley and Dr. Engel do not participate with Medicare; therefore, ALL fees associated with surgery are the patient’s responsibility.
- If postponing a surgery more than two (2) times, a 50% deposit will be required to hold a new surgical date and will be forfeited if date needs to be changed. In addition, such changes could result in dismissal from our practice at the surgeon’s discretion.
- The services that are performed and paid for using a credit card or debit card are not eligible for credit card challenge. By signing this form, you are agreeing you will not challenge credit card payments once a service has been rendered. The practice encourages a complete post-op care and follow-up interaction to address any issues that might arise following services rendered.
- Complimentary Botox® Cosmetic or Dysport® “Touch Up” appointments will only be honored between week two (2) and four (4) post initial injection. After four (4) weeks standard fees will apply.
- **The policies listed above will be applied in every situation.**

I certify that I am the patient or that I am financially responsible for the services rendered and do hereby unconditionally guarantee the payment of all amounts when and as due.

A photocopy of this agreement shall be considered effective and valid as the original.

DO NOT SIGN THIS AGREEMENT UNLESS YOU UNDERSTAND ITS CONTENTS. MY SIGNATURE BELOW INDICATES I HAVE READ, UNDERSTAND, AND AGREE TO THE TERMS STATED IN THIS FINANCIAL AGREEMENT/ CANCELLATION POLICY.

Patient _____ **Date** _____

Witness _____ **Date** _____